

2003



New York State Managed Care Plan Performance Supplement

State of New York
George E. Pataki, Governor

Department of Health
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**2003 New York State
Managed Care Plan Performance
Supplement**

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I. Introduction

The *2003 New York State Managed Care Plan Performance Report Supplement*, provides additional health plan performance information for managed care plans, providers, purchasers, and consumers. This report is a supplement to the *2003 New York State Managed Care Plan Performance Report: A Report on Quality, Access to Care and Consumer Satisfaction* and to *eQARR 2003: An Interactive Report on Managed Care Performance*. eQARR provides on-line information on quality of care, access to care, provider networks, and consumers' satisfaction with health care, on both a regional and statewide basis.

This supplemental report contains information on prenatal and postnatal care, provider network, and Use of Services. It also contains technical notes on data collection and risk adjustment models used in the prenatal care analyses.

Data Sources

Data included in this supplement are from three sources:

- 1) Plan-submitted Quality Assurance Reporting Requirements (QARR) data
- 2) NYS Department of Health Statewide Planning and Research Cooperative System (SPARCS), which contains inpatient and outpatient utilization data; and
- 3) NYS Department of Health Vital Statistics Birth Records.

Prenatal and Postpartum Care data included in this supplement are calculated using the Department's Vital Statistics Birth File and member-level data submitted by the health plans. Provider Network and Use of Services data provided in this supplement are collected from

Medicaid, commercial, and Child Health Plus managed care plans in compliance with QARR and the National Committee for Quality Assurance's (NCQA) 2002 Health Plan Employer and Data Information Set (HEDIS®) technical specifications and guidelines.

Data Audit Requirements

Prior to submission of their data to the Department of Health, all plans are required to participate in a prospective audit of all HEDIS® measures. The audit is conducted by an independent auditor in adherence to NCQA's certified audit methodology,

Feedback

We welcome suggestions and comments on ways in which the department can measure and report plan performance more effectively.

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II. Prenatal and Postpartum Care

The prenatal care data presented here is divided into two sections: 1) quality of care measures calculated by the department using a birth file submitted by the health plans; and 2) use of service measures on newborn and maternity care, which are calculated by health plans and submitted to the department. For more information on the process used to match the plan birth file to the department's Vital Statistics file, please refer to the Technical Notes section of this report.

Quality of Care measures calculated by the department are described in the table below. For these measures, 95% confidence intervals were calculated to determine whether the health plan's rate was statistically above or below the state-wide average.

1. Measures Calculated by NYSDOH Using the Vital Statistics Birth File

Measure	Description
Risk-Adjusted Primary Cesarean Delivery*	The percentage of live infants born by cesarean delivery to women continuously enrolled 10 or more months, who had no prior cesarean deliveries.
Risk-Adjusted Low Birthweight*	The percentage of live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months.
Prenatal Care in the First Trimester	The percentage of women continuously enrolled for 10 or more months who delivered a live birth between November 6, 2001 and November 5, 2002, and had their first prenatal care visit in their first trimester of pregnancy.
% of LBW Births at Level II/III/IV Facilities	The percentage of low-birthweight babies (<2500 g), born to women continuously enrolled for 10 or more months, who were delivered at Level II, III, or IV facilities.
* For more information about the risk-adjustment methodologies, please refer to the Technical Notes section at the back of this report.	

The Percent of Low-birthweight Births at Level II, III, or IV Facilities measure contains utilization information for women who had a low birthweight (<2,500 g) baby at a Level II, III, or IV facility during the reporting year, and who were continuously enrolled for 10 months or more. Facility level refers to the categories of inpatient services and facilities that are available for obstetrical services. These categories were designed by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. Although specifications may differ across states, generally, Level I facilities are hospitals and birthing centers for low-risk deliveries, home births, and other noninstitutional birth locations. Level II, III, and IV facilities are best equipped to care for high-risk pregnancies and neonatal problems such as those that may be represented by low birthweight babies.

Prenatal Care Services

Commercial Managed Care Plans, 2002

Health Plan	Risk-Adjusted Primary Cesarean Delivery	Risk-Adjusted Low Birthweight	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
Aetna	21 —	5.1	87	77
BSNENY-HMO	16	6.1	92 • •	--
Blue Choice	17 • •	3.2 • •	89 • •	68
CDPHP	17 • •	4.9	91 • •	88
CIGNA	15	3.5	87	--
Community Blue	20	5.3	86 —	74
Empire	21	5.5	87	74
GHI HMO	23	7.1	88	--
HIP	20	5.3	80 —	81
Health Net	20	5.0	89 • •	86
Independent Health	19	5.4	84 —	69
MDNY	21	5.0	90 •	--
MVP	18	4.6	89 • •	75
Managed Health, Inc.	--	--	--	--
Oxford	19	4.9	88 •	83
Preferred Care	17	3.4	91 •	--
UnitedHealthCare of New York	21	6.4	88	--
Univera HealthCare	22	4.7	88	67
Upstate HMO	17	4.8	89	--
Vytra Health Plans	23 —	4.4	90 • •	--
Statewide Average	19	4.8	87	81
New York City	20	6.1	85	86
Rest of State	19	4.3	89	72

- • Plan significantly better than statewide average in 2001 and 2002
- Plan significantly better than statewide average in 2002
- Plan significantly worse than statewide average in 2002
- Sample size less than 30 members

Prenatal Care Services

Medicaid Managed Care Plans, 2002

Health Plan	Risk-Adjusted Primary Cesarean Section	Risk-Adjusted Low Birthweight	Prenatal Care in the First Trimester	% of LBW Births at Level II/III/IV Facilities
ABC Health Plan	--	--	--	--
Affinity Health Plan	12	9.8	69 •	86
Americhoice	9	8.1	67 • •	94
BSNENY-HMO *	--	NA	--	NA
Blue Choice Option	8	7.4	60	81
Buffalo Community Health	10	4.5	57	--
CDPHP	12	6.3	71 • •	--
CarePlus	11	5.4	62	--
CenterCare	13	9.6	63	--
Community Blue	11	9.0	62	--
Community Choice	14	8.0	52	--
Community Premier Plus	11	10.8	66	--
Fidelis Care New York	9	8.9	55 —	84
HIP	13	8.6	68 •	78
Health Plus	11	9.7	83 • •	100
HealthFirst	10	8.0	67 •	93
HealthSource/HHP	15	7.6	58	--
Independent Health's Medisource	12	9.8	63	70
MetroPlus	10	7.4	58 —	95
Neighborhood Health Providers	11	9.0	60	90
NewYork-Presbyterian CHP	9	5.8	67	--
Partners in Health	9	6.3	66	--
Preferred Care	14	7.4	53 —	--
Suffolk Health Plan	14	4.6	48 —	--
Total Care	8	8.5	57	--
UnitedHealthCare of New York	15	10.6	63	--
Vytra Health Plans	14	14.6	71	--
WellCare	10	7.4	62	--
Statewide Average	11	8.3	64	86
New York City	11	8.3	67	91
Rest of State	11	8.3	59	75

* BSNENY-HMO had no low birthweight babies during the measurement year.

- • Plan significantly better than statewide average in 2001 and 2002
- Plan significantly better than statewide average in 2002
- Plan significantly worse than statewide average in 2002
- Sample size less than 30 members

2. Prenatal and Postpartum Care Use of Services

Managed care plans are required to submit inpatient and outpatient use of services data such as hospital admissions and ambulatory surgery rates. The data applicable to the Medicaid and commercial populations are reported separately. The rates presented here are calculated by the plans. Variations and/or extremes in utilization are difficult to interpret for plans with low enrollment. Therefore, per HEDIS® guidelines, rates and lengths of stay based on fewer than 30 events are suppressed and the footnote of “Sample size too small to report” is indicated.

Use of services data, such as lengths of stay and ambulatory care rates, may be difficult to interpret when they are not adjusted for factors that can influence measures. Therefore, in most cases, it is difficult to know what rate or length of stay is optimum for a given enrollee population. While some differences are undoubtedly related to patient mix, it is likely that variations in the practice styles of the plans’ network physicians are contributing to these variations.

Measure	Description
Births and Average Length of Stay: Newborns	This measure contains information on well newborns, complex newborns and total newborns discharged during 2002. Newborns are reported as complex if their length of stay (LOS) is greater than or equal to five days; if their LOS is less than five days and the newborn expired; or if the newborn is transferred to another facility and the the organization is unable to track the total LOS between the two facilities. Well newborns are those who are not defined as complex and have an LOS of less than five days. Total discharges per 1000 Member Years (MY); total days per 1000 MY and Average Length of Stay (ALOS) are reported.
Discharges and Average Length of Stay: Maternity Care	This measure contains summary statistics on women who gave birth during 2002. Delivery information is divided into vaginal deliveries, cesarean deliveries and total deliveries. Total discharges per 1000 Female Member Years (FMY); total days per 1000 FMY and Average Length of Stay (ALOS) are reported.

Births and Average Length of Stay: Newborns

Commercial Managed Care Plans, 2002

Plan Name	Well Newborns			Complex Newborns			Total Newborns		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	8.9 —	22.3	2.5	0.9	16.1	18.0	9.8	38.4	3.9 •
Blue Choice	12.7	25.4	2.0	0.8	12.6	15.9	13.5	37.9	2.8
BSNENY-HMO	11.2	21.8	1.9 —	0.6	8.4	14.9	11.8	30.2	2.6 —
CDPHP	9.7	24.1	2.5	0.5 —	4.0 —	7.7 —	10.3	28.1	2.7
CIGNA	11.0	29.7	2.7 •	1.5 •	16.2	10.4	12.6	45.9	3.6
Community Blue	11.8	24.6	2.1	0.6	10.6	18.7 •	12.4	35.1	2.8
Empire	13.4	34.1	2.5 •	0.9	9.1	10.0	14.3	43.1	3.0
GHI HMO	9.7	23.0	2.4	--	12.3	--	10.5	35.4	3.4
Health Net	14.1 •	34.7 •	2.5	1.3	26.4 •	19.9 •	15.4 •	61.1 •	4.0 •
HIP	9.1	21.8	2.4	0.9	13.6	14.9	10.0	35.4	3.5
Independent Health	9.2	21.4	2.3	0.7	11.9	17.3	9.8	33.3	3.4
Managed Health, Inc.	--	--	--	--	--	--	--	--	--
MDNY	11.6	29.0	2.5	1.4	17.3	12.7	12.9	46.3	3.6
MVP	10.7	24.3	2.3	0.8	8.8	11.1	11.4	33.1	2.9
Oxford	15.8 •	39.7 •	2.5	1.5 •	25.2 •	16.9	17.3 •	64.9 •	3.7
Preferred Care	10.9	21.2	1.9 —	0.5	6.9 —	13.0	11.4	28.1	2.5 —
UnitedHealthCare of New York	12.1	29.6	2.5	0.8	7.6	9.3 —	12.9	37.2	2.9
Univera HealthCare	7.6 —	17.5 —	2.3	0.5 —	7.1	14.3	8.1 —	24.6 —	3.0
Upstate HMO	9.2	18.4 —	2.0	0.6	7.2	12.7	9.8 —	25.6 —	2.6
Vytra Health Plans	13.3	33.8	2.5	1.1	20.0	17.4	14.5	53.7	3.7
Statewide	11.8	28.1	2.4	1.0	15.3	15.5	12.8	43.4	3.4
New York City	12.1	30.1	2.5	1.2	18.7	16.0	13.2	48.8	3.7
Rest of State	11.6	27.2	2.3	0.9	13.7	15.3	12.5	40.8	3.3

Utilization rates are calculated per 1000 member years. Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Births and Average Length of Stay: Newborns

Medicaid Managed Care Plans, 2002

Plan Name	Well Newborns			Complex Newborns			Total Newborns		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
ABC Health Plan	19.0 –	40.9 –	2.2	--	27.8	--	21.9 –	68.7	3.1
Affinity Health Plan	21.1	48.9	2.3	2.1	23.3	11.0	23.2	72.2	3.1
AmeriChoice	33.0	85.1	2.6 •	4.6	19.7	4.3 –	37.6	104.8	2.8
Blue Choice Option	28.3	56.4	2.0 –	2.0	28.8	14.4	30.3	85.2	2.8
BSNENY-HMO	20.9	44.4	2.1	--	8.8 –	--	22.2 –	53.3 –	2.4 –
Buffalo Community Health/Plus	24.8	54.1	2.2	--	33.8	--	27.2	87.9	3.2
CarePlus Health Plan	20.1 –	44.8	2.2	2.8	26.3	9.5	22.8	71.0	3.1
CDPHP	39.7 •	93.1	2.3	2.0	13.1 –	6.5 –	41.7 •	106.3	2.5 –
CenterCare	20.2	40.4 –	2.0 –	2.4	19.5	8.1	22.6	59.9 –	2.7 –
Community Blue	23.4	51.6	2.2	1.5 –	19.5	12.8	25.0	71.0	2.8
Community Choice	23.4	50.7	2.2	--	16.9	--	24.7	67.6	2.7
Community Premier Plus	49.8 •	110.9 •	2.2	3.9	41.0	10.4	53.7 •	151.9 •	2.8
Fidelis Care New York	32.4	73.3	2.3	4.0	31.5	7.8	36.4	104.8	2.9
Health Plus	30.5	75.0	2.5	4.1	62.4 •	15.2 •	34.6	137.4	4.0 •
HealthFirst	38.5	100.3 •	2.6 •	2.7	28.2	10.4	41.2	128.6	3.1
HIP	38.1	86.5	2.3	3.4	36.9	10.9	41.5	123.3	3.0
Hudson Health Plan (HS/HHP)	28.2	67.0	2.4	3.4	52.3	15.5 •	31.6	119.3	3.8 •
Independent Health/MediSource	33.9	75.1	2.2	2.1	31.6	14.8 •	36.0	106.7	3.0
MetroPlus	31.6	75.7	2.4	3.4	36.6	10.7	35.1	112.2	3.2
Neighborhood Health Providers	31.4	64.6	2.1 –	5.2 •	39.0	7.5 –	36.6	103.6	2.8
NewYork Presbyterian CHP	35.7	77.1	2.2	5.2 •	46.9	9.1	40.9	124.0	3.0
Partners in Health	35.1	89.6	2.6 •	4.9	52.7 •	10.9	39.9	142.3 •	3.6
Preferred Care	26.8	57.7	2.2	2.2	23.7	10.7	29.0	81.4	2.8
Suffolk Health Plan	91.9 •	203.0 •	2.2	12.8 •	115.3 •	9.0	104.6 •	318.3 •	3.0
Total Care	22.2	49.2	2.2	--	22.8	--	23.9	72.0	3.0
UnitedHealthCare of New York	23.7	54.3	2.3	1.2 –	14.5 –	11.9	24.9	68.7	2.8
Vytra Health Plans	24.8	58.4	2.4	--	50.0	--	27.8	108.4	3.9 •
WellCare	19.7 –	43.3 –	2.2	1.5 –	15.2	10.0	21.2 –	58.5 –	2.8
Statewide	31.2	72.3	2.3	3.2	32.3	10.0	34.4	104.6	3.0
New York City	31.2	73.6	2.4	3.5	34.0	9.8	34.7	107.6	3.1
Rest of State	31.1	69.8	2.2	2.7	29.1	10.7	33.8	98.8	2.9

Utilization rates are calculated per 1000 member years. Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
–	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Discharges and Average Length of Stay: Maternity Care

Commercial Managed Care Plans, 2002

Plan Name	Vaginal Deliveries			Cesarean Deliveries			Total Deliveries		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	18.4	46.0 •	2.5	9.4 •	43.3 •	4.6 •	27.8 •	89.2 •	3.2 •
Blue Choice	17.9	41.5	2.3	6.2	24.7	4.0	23.8	63.5	2.7 –
BSNENY-HMO	17.9	41.7	2.3	5.9	21.8	3.7	19.1	51.6	2.7
CDPHP	14.2	32.7	2.3	4.8	18.9	3.9	24.5	76.4	3.1
CIGNA	16.3	41.3	2.5 •	8.1	35.2	4.3	23.3	65.1	2.8
Community Blue	16.5	38.0	2.3	6.8	27.0	4.0	26.1	74.0	2.8
Empire	18.0	41.5	2.3	8.1	32.5	4.0	24.1	66.2	2.7
GHI HMO	14.2	36.6	2.6 •	5.3	20.1	3.8	19.5	56.7	2.9
Health Net	18.8 •	43.6	2.3	8.2	35.0	4.2	27.1	78.6	2.9
HIP	12.1 –	29.1 –	2.4	4.7 –	19.1	4.1	16.7 –	48.2 –	2.9
Independent Health	15.3	34.7	2.3 –	6.4	25.9	4.1	21.7	60.6	2.8
Managed Health, Inc.	--	--	--	--	--	--	--	--	--
MDNY	17.7	41.9	2.4	8.0	43.6 •	5.4 •	25.7	85.5	3.3 •
MVP	14.6	33.8	2.3	6.0	21.6	3.6 –	20.6	55.4	2.7
Oxford	21.6 •	51.7 •	2.4	9.0 •	39.9	4.4	30.6 •	91.6 •	3.0
Preferred Care	14.7	33.4	2.3	4.8 –	18.8 –	3.9	19.6	52.2	2.7
UnitedHealthCare of New York	17.1	39.0	2.3	8.2	34.8	4.2	25.3	73.9	2.9
Univera HealthCare	12.5 –	27.7 –	2.2 –	5.1	19.0	3.7	17.6 –	46.7 –	2.7 –
Upstate HMO	14.1	35.0	2.5	5.0	17.9 –	3.6 –	19.1	52.9	2.8
Vytra Health Plans	16.9	39.0	2.3	8.9	38.3	4.3	25.8	77.3	3.0
Statewide	17.2	40.8	2.4	7.2	30.6	4.2	24.4	71.4	2.9
New York City	17.6	42.6	2.4	7.7	33.9	4.4	25.4	76.5	3.0
Rest of State	17.0	39.9	2.4	7.0	29.1	4.2	24.0	69.1	2.9

Utilization rates are calculated per 1000 member years. Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
–	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Discharges and Average Length of Stay: Maternity Care

Medicaid Care Plans, 2002

Plan Name	Vaginal Deliveries			Cesarean Deliveries			Total Deliveries		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
ABC Health Plan	21.8	46.2 —	2.1 —	6.5	28.8	4.4	28.3 —	75.0 —	2.6
Affinity Health Plan	23.3	58.3	2.5	7.0	29.5	4.2	30.3	87.9	2.9
AmeriChoice	36.6	84.1	2.3	5.9 —	25.4 —	4.3	42.5	109.5	2.6
Blue Choice Option	26.5	55.4	2.1 —	--	21.0 —	--	33.2	76.5 —	2.3 —
BSNENY-HMO	28.6	63.1	2.2	9.0	35.1	3.9	37.6	98.2	2.6
Buffalo Community Health/Plus	20.9 —	51.0	2.4	6.9	26.7	3.9	27.8 —	77.7	2.8
CarePlus Health Plan	40.6 •	90.6	2.2	9.8	36.4	3.7	50.4	127.0	2.5 —
CDPHP	20.4 —	52.3	2.6	4.8 —	19.5 —	4.1	25.2 —	71.9 —	2.9
CenterCare	27.8	62.6	2.3	9.8	34.2	3.5 —	37.6	96.7	2.6
Community Blue	23.1	47.6 —	2.1 —	8.0	29.2	3.6 —	31.1	76.8	2.5 —
Community Choice	44.9 •	107.1 •	2.4	17.4 •	68.2 •	3.9	62.3 •	175.2 •	2.8
Community Premier Plus	35.7	83.7	2.3	8.6	32.2	3.7	44.3	115.9	2.6
Fidelis Care New York	29.1	68.0	2.3	7.3	31.7	4.3	36.4	99.7	2.7
Health Plus	30.8	83.5	2.7 •	9.3	34.0	3.6 —	40.1	117.5	2.9
HealthFirst	37.7	92.3	2.4	10.9	46.8	4.3	48.6	139.0	2.9
HIP	29.2	69.1	2.4	11.5	52.3	4.5 •	40.7	121.5	3.0
Hudson Health Plan (HS/HHP)	39.0	90.5	2.3	10.0	40.8	4.1	49.0	131.3	2.7
Independent Health/MediSource	35.8	79.7	2.2	11.6	45.1	3.9	47.4	124.8	2.6
MetroPlus	31.4	85.1	2.7 •	9.0	38.6	4.3	40.4	123.7	3.1 •
Neighborhood Health Providers	32.5	81.6	2.5	10.3	41.1	4.0	42.8	122.7	2.9
NewYork Presbyterian CHP	37.5	90.2	2.4	13.7	62.0 •	4.5 •	51.2 •	152.2 •	3.0
Partners in Health	34.4	92.9 •	2.7 •	8.9	43.3	4.9 •	43.2	136.3	3.2 •
Preferred Care	28.2	62.7	2.2	9.2	35.6	3.9	37.5	98.4	2.6
Suffolk Health Plan	87.4 •	235.8 •	2.7	31.2 •	130.7 •	4.2	118.7 •	366.5 •	3.1 •
Total Care	25.0	61.4	2.5	6.3 —	28.2	4.5	31.3	89.7	2.9
UnitedHealthCare of New York	24.3	57.0	2.3	7.3	27.7	3.8	31.6	84.6	2.7
Vytra Health Plans	20.7 —	47.5 —	2.3	7.8	31.9	4.1	28.4	79.5	2.8
WellCare	27.7	63.9	2.3	26.5 •	26.5	4.4	33.8	90.4	2.7
Statewide	32.6	78.9	2.4	9.1	36.7	4.1	41.6	115.6	2.8
New York City	32.3	79.7	2.5	8.9	36.2	4.1	41.2	116.0	2.8
Rest of State	33.0	77.3	2.3	9.5	37.6	4.0	42.5	114.9	2.7

Utilization rates are calculated per 1000 member years. Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

III. Provider Network

Provider Turnover

A stable network of providers can increase the likelihood that patients receive continuous care since a high turnover rate of providers may disrupt continuity of care. A high rate of turnover could also indicate that a plan has reorganized its network of participating providers. For example, mental health and chemical dependency services are often rendered by a group of providers who are contracted by the plan. If an entire contract is reorganized, a high rate of turnover would result.

Measure	Description
Provider Turnover	This measure is the percentage of providers affiliated with the network on December 31, 2001, who were not affiliated with the organization on December 31, 2002. For commercial plans and those providing Child Health Plus coverage, the turnover rate for physician and non-physician primary care providers is calculated. For the plans providing Medicaid coverage, the same turnover ratio is calculated for physician and non-physician primary care providers, also for OB/GYN practitioners, chemical dependency practitioners, and mental health practitioners.

Provider Turnover

Commercial Managed Care Plans, 2002

Plan Name	PCP	Non PCP
Aetna	3.8	0.0
BSNENY-HMO	4.5	0.0
CDPHP	7.1	0.0
CIGNA	3.2	0.0
Community Blue	4.3	0.0
Empire	6.3	0.0
Finger Lakes HMO	3.6	0.2
GHI HMO	3.0	0.0
Health Net	14.5	9.7
HIP	10.0	0.0
Independent Health	3.9	0.0
Managed Health, Inc.	6.7	0.0
MDNY	5.0	2.7
MVP	5.9	0.0
Oxford	1.0	1.2
Preferred Care	5.3	0.0
UnitedHealthCare of New York	3.4	0.0
Univera HealthCare	5.9	0.0
Upstate HMO	15.5	0.0
Vytra Health Plans	1.7	0.0
Statewide Average	6.4	1.8
New York City	6.5	4.2
Rest of State	6.3	1.3

Provider Turnover

Medicaid Managed Care Plans, 2002

Plan Name	PCP	Non PCP	OB/GYN	Chemical Dependency	Mental Health	Dentists
ABC Health Plan	19.0	25.0	16.5	47.5	47.5	22.6
Affinity Health Plan	9.6	19.4	7.4	23.5	17.8	17.4
AmeriChoice	13.6	28.6	18.7	10.0	3.9	7.2
BSNENY-HMO	8.3	0.0	6.8	0.0	24.3	0.0
Buffalo Community Health	5.7	0.0	6.2	0.0	0.0	0.0
CarePlus Health Plan	8.7	44.4	8.2	24.7	24.7	1.4
CDPHP	7.9	0.0	11.4	0.0	3.7	0.0
CenterCare	12.8	16.9	15.8	17.6	11.1	0.0
Community Blue	4.5	0.0	7.0	2.8	35.0	0.0
Community Choice	11.3	7.1	13.9	19.0	21.1	8.7
Community Premier Plus	17.8	10.7	18.5	0.0	6.3	0.0
Excellus-Rochester	3.1	0.0	3.6	2.0	2.0	0.0
Fidelis Care New York	12.0	15.7	12.5	12.2	43.2	16.2
Health Plus	7.8	15.6	9.7	37.5	8.8	0.0
HealthFirst	8.7	10.5	8.4	5.7	6.9	4.4
HealthSource/HHP	13.5	17.9	35.2	4.5	3.8	9.1
HIP	13.0	0.0	12.0	17.0	21.1	8.2
Independent Health	4.4	0.0	5.6	5.0	5.5	0.0
MetroPlus	12.7	17.4	17.0	16.2	16.2	0.0
Neighborhood Health Providers	12.7	25.9	17.3	3.0	4.2	16.8
NewYork-Presbyterian CHP	14.1	27.3	14.9	56.0	53.4	0.0
Partners in Health	20.7	50.0	4.3	0.0	22.6	19.2
Preferred Care	2.7	0.0	1.7	1.0	1.1	0.0
Suffolk Health Plan	9.5	0.0	15.8	7.3	18.8	0.0
Total Care	20.0	29.4	9.1	19.0	4.2	50.0
UnitedHealthCare of New York	5.8	0.0	6.7	7.6	7.6	0.0
Vytra Health Plans	1.7	0.0	4.8	0.0	0.9	16.4
WellCare	0.6	0.0	0.8	0.0	0.0	0.0
Statewide Average	9.0	16.1	10.4	9.2	11.9	11.1
New York City	10.6	17.6	11.7	10.5	11.8	9.7
Rest of State	6.3	13.7	8.1	6.4	12.0	15.0

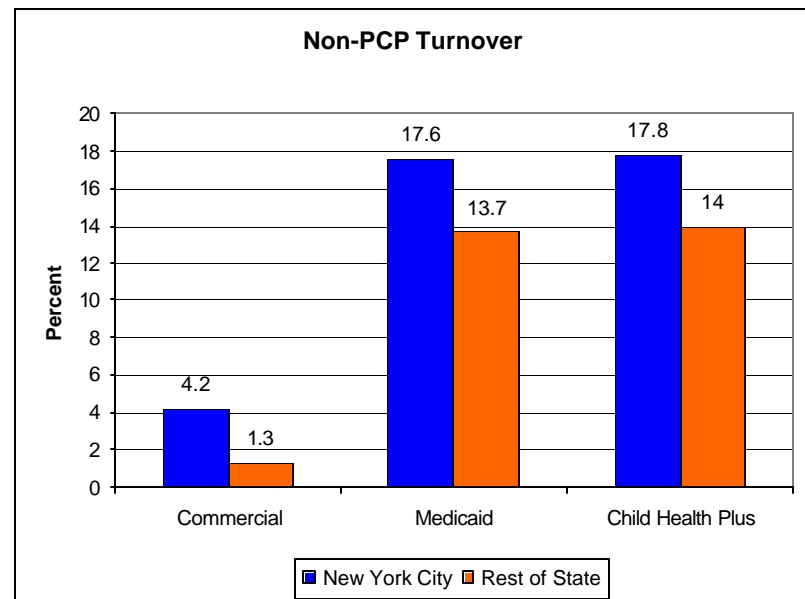
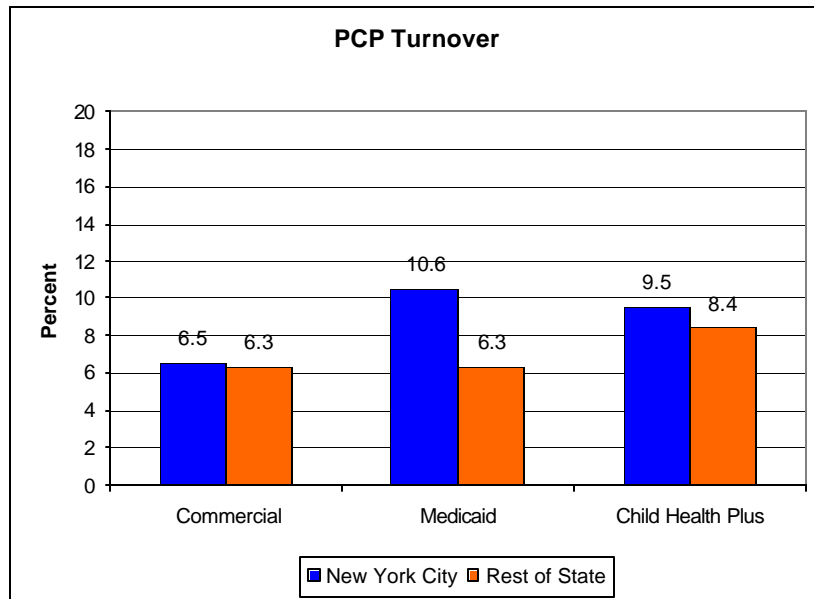
Provider Turnover

Child Health Plus Managed Care Plans, 2002

Plan Name	PCP	Non PCP
ABC Health Plan	19.0	25.0
Affinity Health Plan	10.2	19.4
AmeriChoice	13.6	28.6
BSNENY-HMO	4.5	0.0
Buffalo Community Health	5.7	6.2
CarePlus Health Plan	11.7	66.7
CDPHP	7.1	0.0
CenterCare	11.5	18.6
Community Blue	4.3	0.0
Community Choice	11.3	7.1
Community Premier Plus	17.8	10.7
Empire	6.3	0.0
Finger Lakes HMO	12.4	15.7
Fidelis Care New York	3.1	0.0
GHI	20.7	50.0
Health Plus	7.8	15.6
HealthFirst	9.5	11.4
HealthSource/HHP	15.1	17.9
HIP	10.0	0.0
MetroPlus	12.7	17.4
Neighborhood Health Providers	12.7	25.9
NewYork-Presbyterian CHP	14.6	27.3
Partners in Health	20.7	50.0
Suffolk Health Plan	9.5	0.0
Total Care	20.0	29.4
UnitedHealthCare of New York	5.2	0.0
Upstate HMO	15.5	0.0
WellCare	0.6	0.0
Statewide Average	8.9	15.7
New York City	9.5	17.8
Rest of State	8.4	14.0

The following graphs compare provider turnover rates for primary care physicians and non-physician primary care practitioners. Primary Care Practitioners include physicians (PCPs) and non-physician primary care practitioners (Non-PCPs) whom members are able to select as primary care practitioners and to the health plan defines as primary care practitioners. Primary care physicians may include general or family practice physicians, geriatricians, general internal medicine physicians and general pediatricians. PCPs who are not physicians can include physician assistants and nurse practitioners.

The comparisons below are made between New York City and the rest of the state for commercial, Medicaid, and Child Health Plus health plans. As can be seen from the following graphs, both physician and non-physician turnover is higher in New York City than for the rest of the state. Turnover rates among non-physician primary care providers is also generally much higher than among physician primary care providers. Interestingly, this trend is reversed among commercial plans, where non-physician turnover is at a lower level than the rate of physician turnover.



IV. Use of Services

Managed care plans were required to submit inpatient and outpatient utilization data such as hospital admissions and ambulatory surgery rates. The data applicable to the Medicaid, commercial, and Child Health Plus populations are reported separately. Inpatient mental health and chemical dependency utilization data are also included. The data presented are calculated by the plans.

Utilization data, such as lengths of stay and ambulatory care rates, may be difficult to interpret when they are not adjusted for factors that can influence these measures. Therefore, it may be difficult to know what rate or length of stay is

optimum for a given enrollee population. This is particularly evident with the Frequency of Selected Procedures data. While some differences are undoubtedly related to patient mix, it is likely that variations in the practice styles of the plans' network physicians are contributing to these variations.

Variations and/or extremes in utilization are difficult to interpret for plans with low enrollment. Therefore, per HEDIS® guidelines, rates and lengths of stay based on fewer than 30 events are suppressed. As a result, plans may be entirely excluded from some tables.

Measure	Description
Outpatient Utilization	This measure summarizes utilization of ambulatory services including outpatient visits, Emergency Room (ER) visits and ambulatory surgery encounters. Rates presented here are per 1000 member years.
Frequency of Selected Procedures	This measure provides a summary of the numbers and rates per 1000 Member Years (MY) of frequently performed procedures.
Inpatient Utilization	This measure summarizes utilization of acute inpatient services in the categories of medicine, surgery, maternity, as well as total inpatient utilization. Average Length of Stay (ALOS) is presented for each category, as well as cases per 1000 enrollees and days per 1000 enrollees.
Inpatient Chemical Dependency Utilization	This measure summarizes utilization of inpatient chemical dependency services, for males and females. Measures examined include total discharges and average length of stay.
Inpatient Mental Health Utilization	This measure summarizes utilization of inpatient mental health services, for males and females. Measures examined include total discharges and average length of stay.

Outpatient Use of Services

Commercial Managed Care Plans, 2002

Plan Name	Outpatient Visits per 1,000 Member Years	ER Visits per 1,000 Member Years	Ambulatory Surgeries per 1,000 Member Years
Aetna	3656.3	161.1	63.5 —
Blue Choice	4005.7	124.0	103.8
BSNENY-HMO	4145.1	157.2	128.1 •
CDPHP	4404.6	161.4	110.6
CIGNA	3872.8	165.6	60.6 —
Community Blue	3692.5	132.1	114.1
Empire	4495.8	160.6	83.9
GHI HMO	3141.9 —	113.7 —	81.3
Health Net	4296.6	127.8	74.7
HIP	4176.1	220.4 •	82.9
Independent Health	3702.3	184.8	126.8
Managed Health, Inc.	4049.3	99.4 —	92.1
MDNY	5302.0 •	184.7	104.0
MVP	4110.1	185.1 •	109.5
Oxford	4964.9 •	146.1	88.9
Preferred Care	3615.7 —	139.8	116.9
UnitedHealthCare of New York	4259.4	125.5	80.6
Univera HealthCare	3996.7	143.2	133.9 •
Upstate HMO	3954.9	159.2	126.3
Vytra Health Plans	4747.6	160.2	78.1
Statewide	4230.4	159.6	93.0
New York City	4347.1	169.0	79.2
Rest of State	4176.3	155.3	99.5

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Outpatient Use of Services

Medicaid Managed Care Plans, 2002

Plan Name	Outpatient Visits per 1,000 Member Years	ER Visits per 1,000 Member Years	Ambulatory Surgeries per 1,000 Member Years
ABC Health Plan	1261.0 —	467.1	6.2 —
Affinity Health Plan	2594.0	486.2	22.1
AmeriChoice	4062.7	280.6 —	24.0
Blue Choice Option	3899.1	507.9	64.5
BSNENY-HMO	5454.4 •	267.5 —	135.0 •
Buffalo Community Health/Plus	3440.1	525.4	52.1
CarePlus Health Plan	3291.9	359.4 —	14.2 —
CDPHP	4657.0	679.7	67.6
CenterCare	2865.0	493.6	26.1
Community Blue	4263.6	411.7	97.5 •
Community Choice	1263.9 —	573.0	68.6
Community Premier Plus	3890.5	616.6	25.2
Fidelis Care New York	3367.7	414.0	42.8
Health Plus	3650.6	457.6	43.8
HealthFirst	3006.0	580.7	22.6
HIP	4710.2	421.7	307.4 •
Hudson Health Plan (HS/HHP)	3725.9	409.0	56.7
Independent Health/MediSource	3782.8	678.7	79.1
MetroPlus	2948.8	697.5 •	22.7
Neighborhood Health Providers	2688.4	540.4	9.0 —
New York-Presbyterian CHP	3545.8	588.8	27.9
Partners in Health	5671.0 •	704.5 •	38.3
Preferred Care	3493.8	515.6	74.4
Suffolk Health Plan	3968.7	823.1 •	27.5
Total Care	4061.2	502.4	57.7
UnitedHealthCare of New York	4030.1	382.9	66.8
Vytra Health Plans	5980.8 •	419.7	50.6
WellCare	2035.4 —	459.5	34.0
Statewide	3562.4	494.1	66.4
New York City	3452.8	488.5	66.1
Rest of State	3777.8	504.9	66.8

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Outpatient Use of Services

Child Health Plus Managed Care Plans, 2002

Plan Name	Outpatient Visits per 1,000 Member Years	ER Visits per 1,000 Member Years	Ambulatory Surgeries per 1,000 Member Years
ABC Health Plan	750.3 —	113.7 —	--
Affinity Health Plan	1704.4	181.8	8.0
AmeriChoice	4426.3 •	71.0 —	--
Blue Choice	3810.4	201.4	27.7
BSNENY-HMO	3898.0	233.8	38.6 •
Buffalo Community Health	3141.6	232.3	--
CarePlus Health Plan	2562.5	131.6 —	7.1 —
CDPHP	3993.4	287.5	25.0
CenterCare	2201.9	255.7	11.1
Community Blue	3461.0	220.7	37.3 •
Community Choice	922.6 —	309.3 •	19.1
Community Premier Plus	2152.2	261.2	17.1
Empire	4967.8 •	187.5	24.8
Fidelis Care New York	2258.8	180.2	15.7
GHI	2915.7	198.5	11.2
Health Plus	2887.9	260.6	19.4
HealthFirst	1703.7	230.1	6.5 —
HIP	4246.0 •	196.4	25.6
Hudson Health Plan (HS/HHP)	3229.8	400.6 •	28.9
MetroPlus	1638.7 —	250.9	8.7
Neighborhood Health Providers	1715.7	203.6	2.9 —
New York-Presbyterian CHP	2999.2	227.5	14.6
Partners in Health	2915.7	198.5	11.2
Suffolk Health Plan	1973.9	307.3	12.6
Total Care	3441.1	222.0	37.0
UnitedHealthCare of New York	3943.3	225.7	30.6
Upstate HMO	4148.6	309.0 •	37.6 •
WellCare	1668.8	154.7	13.1
Statewide	3052.8	222.2	18.8
New York City	2667.6	210.7	13.9
Rest of State	3573.0	237.8	25.4

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Men

Commercial Managed Care Plans, 2002

Plan Name	Angioplasty Ages 45-64	Angioplasty Ages 65 Plus	Coronary Artery Bypass Graft Ages 45-64	Coronary Artery Bypass Graft Ages 65 Plus	Cardiac Catheter- ization Ages 45-64	Cardiac Catheter- ization Ages 65 Plus
Aetna	7.9	17.4	2.9	10.9 •	13.2	33.4
Blue Choice	10.5 •	24.0 •	2.2 —	--	11.2	25.8
BSNENY-HMO	8.2	--	--	--	15.6	--
CDPHP	5.9 —	9.2	3.1	9.2	13.7	24.8
CIGNA	7.0	--	2.4 —	--	11.4	20.2 —
Community Blue	6.3	--	3.3	--	19.0 •	39.4
Empire	8.5	23.8	2.7	--	15.0	25.0
GHI HMO	7.6	--	--	--	14.8	--
Health Net	6.6	12.6	2.4	--	9.7 —	23.1
HIP	4.2 —	5.6 —	3.6	8.0 —	17.7	28.5
Independent Health	7.2	13.2	3.8	9.8	16.2	37.9
Managed Health, Inc.	--	--	--	--	--	--
MDNY	9.6	--	--	--	12.8	--
MVP	7.7	10.5	3.2	--	13.5	27.7
Oxford	8.5	17.6	3.0	10.3	11.9	30.5
Preferred Care	7.9	--	4.5 •	--	11.0	--
UnitedHealthCare of New York	6.9	--	--	--	9.7 —	--
Univera HealthCare	7.2	--	4.4	--	22.6 •	38.3
Upstate HMO	10.4 •	--	4.4	--	16.1	32.3
Vytra Health Plans	8.8	--	5.5 •	--	15.1	40.7 •
Statewide	7.5	14.3	3.1	9.3	14.2	29.7
New York City	6.8	13.8	3.1	9.2	13.9	28.9
Rest of State	7.8	14.5	3.2	9.3	14.3	30.1

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Men

Commercial Managed Care Plans, 2002

Plan Name	Laminectomy Discectomy Ages 20-64	Laprosopic Cholecy- stectomy Ages 30-64	Open Cholecy- stectomy Ages 30-64	Prostatectomy Ages 44-64	Prostatectomy Ages 65 Plus
Aetna	1.5 —	1.6	0.2	3.2	9.7
Blue Choice	3.2	1.9	0.4	2.8	10.3 •
BSNENY-HMO	2.7	2.6 •	--	--	--
CDPHP	2.3	2.0	--	2.4	--
CIGNA	1.2 —	1.4	--	2.6	--
Community Blue	2.8	1.9	0.4	2.3	--
Empire	1.8	1.4	--	2.9	9.9
GHI HMO	--	--	--	--	--
Health Net	2.1	1.1 —	--	3.6	--
HIP	1.6	1.6	0.5 •	3.6 •	8.3 —
Independent Health	1.7	1.6	--	2.3 —	8.6
Managed Health, Inc.	--	--	--	--	--
MDNY	1.7	--	--	--	--
MVP	2.5	2.3	0.4	2.4	8.7
Oxford	3.5 •	1.3 —	0.2 —	2.9	9.4
Preferred Care	3.9 •	2.1	--	2.7	--
UnitedHealthCare of New York	--	--	--	--	--
Univera HealthCare	2.4	2.1	--	3.1	--
Upstate HMO	2.4	2.6 •	--	--	--
Vytra Health Plans	2.2	1.7	--	--	--
Statewide	2.4	1.7	0.3	2.8	8.0
New York City	2.2	1.5	0.3	3.2	8.6
Rest of State	2.5	1.8	0.3	2.7	7.8

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Women

Commercial Managed Care Plans, 2002

Plan Name	Angioplasty Ages 45-64	Coronary Artery Bypass Graft Ages 45-64	Cardiac Catheter- ization Ages 45-64	Cardiac Catheter- ization Ages 65 Plus	Laminectomy Diskectomy Ages 20-64
Aetna	2.0	0.7	6.5	13.7	1.3
Blue Choice	3.0 •	0.5	6.6	13.3	2.7
BSNENY-HMO	--	--	8.6	--	3.7 •
CDPHP	1.6	0.9	6.4	13.3	1.6
CIGNA	1.9	--	6.4	--	0.9 —
Community Blue	2.1	0.8	9.5	23.8 •	3.1 •
Empire	2.3	0.8	7.8	17.6	1.8
GHI HMO	--	--	6.6	--	--
Health Net	1.3 —	--	4.9 —	12.7 —	1.6
HIP	1.3 —	1.1 •	8.7	15.6	1.1 —
Independent Health	2.0	1.0	8.6	19.5	2.3
Managed Health, Inc.	--	--	--	--	--
MDNY	--	--	6.6	--	1.8
MVP	2.5	--	8.7	20.5	2.2
Oxford	1.5	0.4 —	5.5 —	14.1	2.6
Preferred Care	2.3	--	6.1	--	2.7
UnitedHealthCare of New York	--	--	6.1	--	1.7
Univera HealthCare	2.3	--	11.8 •	22.5	2.6
Upstate HMO	--	--	8.2	--	2.2
Vytra Health Plans	2.6 •	--	10.6 •	--	2.2
Statewide	1.9	0.7	7.3	16.0	2.1
New York City	1.6	0.7	6.8	14.6	1.7
Rest of State	2.1	0.8	7.5	16.5	2.2

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Women

Commercial Managed Care Plans, 2002

Plan Name	Abdominal Hysterectomy Ages 15-44	Abdominal Hysterectomy Ages 45-64	Vaginal Hysterectomy Ages 15-44	Vaginal Hysterectomy Ages 45-64	Laprosopic Cholecy- stectomy Ages 15-44	Laprosopic Cholecy- stectomy Ages 45-64	Open Cholecy- stectomy Ages 45-64
Aetna	2.4	6.1	0.4	1.3	3.3	4.6	0.5
Blue Choice	3.3	6.6	1.2	2.0	5.4 •	6.2	0.5
BSNENY-HMO	4.2 •	5.9	3.0 •	2.9	4.6	7.8 •	--
CDPHP	3.8	6.2	1.5	2.2	4.9	5.7	--
CIGNA	1.9 —	5.7	--	--	3.0	3.8	--
Community Blue	3.5	6.3	2.0	3.2	4.8	6.4	--
Empire	2.7	4.8	0.5	1.7	4.2	5.0	--
GHI HMO	--	6.4	--	--	4.1	--	--
Health Net	1.9	5.6	--	1.8	2.9	3.2 —	--
HIP	3.5	8.3 •	0.5	1.5	3.8	3.9	0.5
Independent Health	3.7	5.8	1.5	2.4	4.5	5.4	--
Managed Health, Inc.	--	--	--	--	--	--	--
MDNY	3.2	4.4 —	--	--	3.8	4.4	--
MVP	3.9	6.7 •	1.9	2.7	5.4 •	6.9 •	0.7 •
Oxford	1.7 —	5.2	0.4 —	1.2 —	2.8 —	3.7 —	0.3 —
Preferred Care	3.2	6.3	--	--	4.6	6.1	--
UnitedHealthCare of New York	--	5.5	--	--	2.7 —	--	--
Univera HealthCare	3.2	4.7 —	--	1.4	3.8	6.1	--
Upstate HMO	4.3 •	4.9	2.9	3.9 •	4.6	5.7	--
Vytra Health Plans	3.4	5.9	--	--	5.0	6.0	--
Statewide	2.8	6.1	0.9	1.8	3.9	4.9	0.4
New York City	2.3	6.4	0.4	1.4	3.2	4.0	0.4
Rest of State	3.0	6.0	1.1	2.0	4.2	5.3	0.5

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Children

Commercial Managed Care Plans, 2002

Plan Name	Myringotomy Ages 0-9	Myringotomy Ages 10-19	Tonsillectomy Ages 0-4	Tonsillectomy Ages 5-19
Aetna	16.8	3.4	5.9	1.8 —
Blue Choice	42.8	5.5	9.9	3.8
BSNENY-HMO	48.5	7.1 •	12.3 •	3.5
CDPHP	35.7	3.8	7.4	2.9
CIGNA	9.3 —	2.0 —	5.0 —	2.1
Community Blue	49.4	5.7	12.1	4.1
Empire	26.9	3.4	7.0	2.6
GHI HMO	28.3	5.1	--	--
Health Net	22.3	3.0	5.9	2.0
HIP	4.2 —	0.7 —	3.1 —	1.2 —
Independent Health	49.4 •	4.7	12.6 •	4.1
Managed Health, Inc.	--	--	--	--
MDNY	17.6	3.4	7.9	--
MVP	37.1	4.4	10.9	4.3 •
Oxford	25.5	3.4	5.4	2.0
Preferred Care	42.8	6.5 •	8.3	4.3
UnitedHealthCare of New York	19.9	3.5	--	--
Univera HealthCare	25.8	2.9	11.4	4.2
Upstate HMO	53.2 •	5.6	10.7	5.7 •
Vytra Health Plans	24.5	3.7	8.2	2.9
Statewide	27.6	3.6	7.3	2.7
New York City	18.1	2.4	5.0	1.7
Rest of State	32.3	4.2	8.4	3.2

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Women

Medicaid Managed Care Plans, 2002

Plan Name	Abdominal Hysterectomy Ages 15-44	Abdominal Hysterectomy Ages 45-64	Laposcopic Cholecystectomy Ages 15-44
ABC Health Plan	--	--	--
Affinity Health Plan	--	--	3.4
AmeriChoice	--	--	--
Blue Choice Option	4.2	--	7.6
BSNENY-HMO	--	99.7 •	--
Buffalo Community Health/Plus	--	--	--
CarePlus Health Plan	--	--	4.8
CDPHP	3.7	--	8.2
CenterCare	--	--	4.7
Community Blue	5.7 •	--	10.5 •
Community Choice	--	--	--
Community Premier Plus	--	--	--
Fidelis Care New York	2.2	5.8 —	5.7
Health Plus	--	--	3.2 —
HealthFirst	--	--	4.4
HIP	1.8 —	6.9	4.2
Hudson Health Plan (HS/HHP)	--	--	11.5 •
Independent Health/MediSource	--	--	7.6
MetroPlus	--	--	2.2 —
Neighborhood Health Providers	--	--	3.8
NewYork Presbyterian CHP	--	--	--
Partners in Health	--	--	--
Preferred Care	--	--	8.7
Suffolk Health Plan	--	--	--
Total Care	--	--	8.4
UnitedHealthCare of New York	3.8	--	6.3
Vytra Health Plans	--	--	--
WellCare	--	--	--
Statewide	2.0	6.2	5.1
New York City	1.4	4.7	3.7
Rest of State	3.2	9.6	7.5

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures for Children

Medicaid Managed Care Plans, 2002

Plan Name	Myringotomy Ages 0-9	Myringotomy Ages 10-19	Tonsillectomy Ages 0-4	Tonsillectomy Ages 5-19
ABC Health Plan	--	--	--	--
Affinity Health Plan	6.9	1.7	3.0	1.5
AmeriChoice	14.0	2.2	3.0	--
Blue Choice Option	34.0	5.7	6.8	4.1 •
BSNENY-HMO	53.9 •	--	--	--
Buffalo Community Health/Plus	17.1	--	--	--
CarePlus Health Plan	--	--	2.7	--
CDPHP	30.7	6.1	6.3	4.0
CenterCare	--	--	2.0 —	--
Community Blue	53.1 •	8.5 •	13.1 •	--
Community Choice	--	--	--	--
Community Premier Plus	--	--	5.3	--
Fidelis Care New York	14.0	2.5	4.6	2.0
Health Plus	3.1 —	1.3 —	4.5	1.4 —
HealthFirst	4.0 —	1.6	3.4	--
HIP	4.3	1.0 —	3.0	--
Hudson Health Plan (HS/HHP)	12.0	3.5	5.8	--
Independent Health/MediSource	49.0	5.6	11.4 •	--
MetroPlus	--	--	1.8 —	--
Neighborhood Health Providers	--	--	3.4	--
NewYork Presbyterian CHP	--	--	--	--
Partners in Health	--	4.4	4.6	--
Preferred Care	36.4	6.1 •	6.7	--
Suffolk Health Plan	27.3	--	--	--
Total Care	27.0	5.1	7.4	--
UnitedHealthCare of New York	25.0	5.5	7.0	--
Vytra Health Plans	24.3	--	--	--
WellCare	9.9	--	4.6	--
Statewide	12.0	2.5	4.4	1.9
New York City	5.3	1.6	3.4	1.3
Rest of State	25.2	4.4	6.4	3.3

Utilization rates are calculated per 1000 member years.

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--	Sample size too small to report, but included in the statewide average

Frequency of Selected Procedures

Child Health Plus Managed Care Plans, 2002

Plan Name	Myringotomy Ages 0-4	Myringotomy Ages 5-19	Tonsillectomy Ages 0-4	Tonsillectomy Ages 5-19
ABC Health Plan	--	--	--	--
Affinity Health Plan	--	1.6 —	2.1 —	--
AmeriChoice	--	--	--	--
Blue Choice	45.9	8.7	10.5	5.3
BSNENY-HMO	66.8 •	9.1 •	16.1	--
Buffalo Community Health	--	--	--	--
CarePlus Health Plan	--	--	2.3 —	--
CDPHP	34.3	4.8	10.8	--
CenterCare	--	--	--	--
Community Blue	62.5 •	7.9	16.2 •	5.5
Community Choice	--	--	--	--
Community Premier Plus	--	--	--	--
Empire	27.1	5.1	7.9	2.4
Fidelis Care New York	9.4 —	2.2	4.8	--
GHI	--	--	--	--
Health Plus	3.9 —	1.2 —	5.5	0.9 —
HealthFirst	--	--	2.5	--
HIP	--	--	3.1	--
Hudson Health Plan (HS/HHP)	--	--	6.3	--
MetroPlus	--	--	--	--
Neighborhood Health Providers	--	--	--	--
NewYork Presbyterian CHP	--	--	--	--
Partners in Health	--	--	--	--
Suffolk Health Plan	--	--	--	--
Total Care	--	--	--	--
UnitedHealthCare of New York	26.8	9.1	11.2	5.3
Upstate HMO	59.6	11.4 •	17.7 •	6.5 •
WellCare	11.9	--	--	--
Statewide	15.8	3.4	6.3	2.1
New York City	6.9	1.7	4.0	1.1
Rest of State	27.5	5.6	9.2	3.4

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Use of Services

Commercial Managed Care Plans, 2002

Plan Names	Medicine		Surgery		Maternity		Total*	
	Discharges	Days	Discharges	Days	Discharges	Days	Discharges	Days
Aetna	25.0	104.4	18.9	101.6	16.4	53.2	60.3	259.2
Blue Choice	22.5	84.8	16.1	75.4	12.9	34.7	58.3	216.0
BSNENY-HMO	19.0 —	76.5 —	16.5	76.5	10.6	28.4 —	46.2 —	181.4 —
CDPHP	23.3	85.3	14.2 —	73.0 —	14.4	45.2	52.1	204.3
CIGNA	19.1	79.4	15.1	74.9	12.7	35.3	48.5	196.5
Community Blue	29.3	122.8 •	20.2	99.8	16.1	46.0	65.6	268.6
Empire	19.4	86.8	16.7	82.0	13.3	37.5	50.1	208.3
GHI HMO	23.9	101.6	16.0	77.5	11.0	29.3	50.9	208.3
Health Net	19.4	76.7 —	16.9	78.2	17.1 •	50.2	53.4	205.2
HIP	31.6 •	138.9 •	15.4	89.3	9.9 —	28.8	57.0	256.9
Independent Health	23.0	93.3	17.4	87.3	12.0	33.2	52.4	213.9
Managed Health, Inc.	--	--	--	--	--	--	--	--
MDNY	31.4 •	116.2	18.1	117.1 •	16.6	54.4 •	66.1 •	287.7 •
MVP	22.4	87.6	18.0	80.3	12.8	33.0	53.2	201.0
Oxford	22.0	94.8	19.0	94.8	19.3 •	58.5 •	60.3	248.4
Preferred Care	17.7 —	92.2	13.2 —	57.7 —	10.9	29.3	41.8 —	179.2 —
UnitedHealthCare of New York	22.9	93.2	15.2	79.6	15.4	45.0	53.5	217.8
Univera HealthCare	29.4	111.0	21.6 •	106.0	10.2 —	26.7 —	61.2	243.7
Upstate HMO	26.2	104.0	19.5	102.9	11.2	30.5	57.7	239.5
Vytra Health Plans	26.5	100.3	23.5 •	123.3 •	13.2	40.6	66.2 •	275.9 •
Statewide	23.6	98.7	17.6	89.1	14.5	42.8	56.1	231.9
New York City	25.4	107.9	17.6	92.1	15.5	47.2	58.6	247.4
Rest of State	22.8	94.5	17.6	87.8	14.1	40.7	55.0	224.7

* Total Inpatient is the sum of Medicine, Surgery and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

Utilization rates are calculated per 1000 member years.

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—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Use of Services

Medicaid Managed Care Plans, 2002

Plan Name	Medicine		Surgery		Maternity		Total	
	Discharges	Days	Discharges	Days	Discharges	Days	Discharges	Days
ABC Health Plan	45.8	155.3	7.4 —	52.0	27.2	70.3 —	80.4	277.6
Affinity Health Plan	49.6	205.8	15.6	79.7	25.4 —	72.1	95.6	377.9
AmeriChoice	22.3 —	80.3 —	6.2 —	34.2 —	35.3	99.8	63.7 —	214.3 —
Blue Choice Option	32.2	132.3	13.9	89.3	32.7	89.9	79.4	313.7
BSNENY-HMO	27.3 —	90.0 —	20.1 •	68.9	27.9	65.9 —	82.4	242.6
Buffalo Community Health/Plus	35.9	154.8	14.0	76.4	32.1	83.2	82.0	314.5
CarePlus Health Plan	36.8	139.0	7.9	52.0	25.8 —	76.1	70.5 —	267.1
CDPHP	23.8 —	75.7 —	15.4	60.8	46.2	116.7	85.4	253.2
CenterCare	41.9	163.4	8.2	58.9	23.3 —	63.6 —	73.4	285.9
Community Blue	40.7	151.7	16.2	89.2	34.2	84.0	95.2	340.4
Community Choice	41.1	172.8	10.3	60.3	31.8	71.1	83.3	304.6
Community Premier Plus	44.4	159.0	10.2	66.0	57.8 •	163.4 •	112.4 •	388.4
Fidelis Care New York	42.3	158.7	10.0	58.1	41.8	111.7	94.0	328.7
Health Plus	40.4	106.6	8.4	36.7	37.6	87.4	86.3	230.9 —
HealthFirst	57.3	239.3	7.6	38.3	47.0	134.1	112.0	411.7
HIP	40.6	163.3	11.3	70.6	42.0	114.9	93.8	348.9
Hudson Health Plan (HS/HHP)	43.2	174.0	15.3	90.2	38.0	114.2	96.6	378.4
Independent Health/MediSource	46.6	188.7	12.9	72.0	43.3	112.9	102.8	373.6
MetroPlus	59.7 •	256.2 •	10.4	72.1	40.7	123.8	110.9	452.5 •
Neighborhood Health Providers	48.3	151.7	5.8 —	30.5 —	51.8	122.1	106.0	304.3
NewYork Presbyterian CHP	44.1	150.1	10.5	51.9	45.9	128.3	100.5	330.3
Partners in Health	75.3 •	276.9 •	16.9 •	143.9 •	52.5 •	145.1 •	144.7 •	565.9 •
Preferred Care	28.4	135.6	8.8	35.7 —	34.3	90.4	71.5	261.7
Suffolk Health Plan	75.7 •	279.2 •	13.1	120.1 •	110.7 •	333.4 •	199.6 •	732.9 •
Total Care	34.3	129.9	11.1	53.0	30.3	88.2	77.1	281.4
UnitedHealthCare of New York	29.6	118.9	10.5	60.2	28.6	76.8	69.2 —	258.0
Vytra Health Plans	47.3	177.5	21.5 •	150.3 •	27.0	73.5	99.3	414.0
WellCare	31.1	105.5	8.8	50.5	30.8	80.6	71.0	237.2 —
Statewide	42.5	162.3	10.6	61.2	38.8	105.1	92.5	331.1
New York City	44.5	168.5	9.5	56.1	38.7	105.3	93.2	331.7
Rest of State	38.6	150.3	12.8	71.2	38.9	104.8	91.1	329.8

* Total Inpatient is the sum of Medicine, Surgery and Maternity utilization , and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

Utilization rates are calculated per 1000 member years.

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—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Use of Services

Child Health Plus Managed Care Plans, 2002

Plan Name	Medicine		Surgery		Total		Maternity	
	Discharges	Days	Discharges	Days	Discharges	Days	Discharges	Days
ABC Health Plan	--	46.0	--	--	--	52.6	--	--
Affinity Health Plan	14.1	47.5	4.0	18.3	19.5	69.7	1.4	3.8
AmeriChoice	--	--	--	--	--	--	--	--
Blue Choice	6.2 —	17.4 —	3.7	13.6	10.8 —	33.5 —	--	2.5
BSNENY-HMO	12.8	35.2	--	17.4	17.1	55.1	--	--
Buffalo Community Health	--	32.4	--	--	--	46.7	--	--
CarePlus Health Plan	11.3	37.6	2.1 —	9.6 —	14.6 —	50.5	1.1	2.7
CDPHP	23.6 •	56.1	11.0 •	34.3 •	54.4 •	145.1 •	19.7 •	54.5 •
CenterCare	11.3	33.9	3.3	14.7	15.1	50.1	--	--
Community Blue	10.9	29.0	3.9	10.9	17.3	46.5	--	6.2 •
Community Choice	10.7 —	32.8	--	6.1 —	14.8	42.5	--	--
Community Premier Plus	19.8 •	91.7 •	--	37.2 •	25.4 •	132.9 •	--	--
Empire	15.1	46.9	4.9	21.9	20.6	70.5	0.6 —	1.8 —
Fidelis Care New York	14.7	40.9	3.7	18.3	19.6	62.2	1.2	3.0
GHI	11.8	31.6	--	23.9	17.7	56.3	--	--
Health Plus	18.8	41.9	4.3	15.1	24.4	59.9	1.3	2.8
HealthFirst	16.7	64.9 •	2.7 —	11.7	20.2	79.1	0.8	2.4
HIP	13.1	42.8	4.1	14.5	18.4	61.6	--	4.3
Hudson Health Plan (HS/HHP)	12.9	35.9	4.5	14.6	19.4	56.2	2.1	5.8
MetroPlus	14.9	52.7	4.4	16.1	19.7	69.8	--	--
Neighborhood Health Providers	23.8 •	88.9 •	4.6	22.6	30.6 •	115.8 •	--	4.3
NewYork Presbyterian CHP	17.3	47.8	--	32.2	24.4	83.4	--	--
Partners in Health	--	--	--	--	--	--	--	--
Suffolk Health Plan	15.0	36.9	--	42.6 •	22.8	82.7	--	--
Total Care	--	14.7 —	--	15.6	--	36.1 —	--	--
UnitedHealthCare of New York	12.7	40.6	3.5	13.7	17.3	57.2	--	2.2 —
Upstate HMO	13.8	40.7	5.5 •	19.1	20.7	64.4	1.4	4.5
WellCare	8.6 —	22.4 —	--	9.3 —	10.6 —	32.2 —	--	--
Statewide	14.7	44.7	4.2	17.2	20.6	66.4	1.6	4.5
New York City	15.3	47.4	3.8	16.3	20.2	66.3	1.0	2.6
Rest of State	13.8	41.1	4.7	18.3	21.1	66.5	2.4	6.9

* Total Inpatient is the sum of Medicine, Surgery and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Average Length of Stay

Commercial Managed Care Plans, 2002

Plan Name	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total ALOS
Aetna	4.2	5.4	3.2 •	4.3
Blue Choice	3.8	4.7	2.7	3.7 —
BSNENY-HMO	4.0	4.6	2.7	3.9
CDPHP	3.7 —	5.1	3.1	3.9
CIGNA	4.2	5.0	2.8	4.0
Community Blue	4.2	4.9	2.9	4.1
Empire	4.5 •	4.9	2.8	4.2
GHI HMO	4.3	4.8	2.6	4.1
Health Net	4.0	4.6	2.9	3.8
HIP	4.4	5.8 •	2.9	4.5 •
Independent Health	4.1	5.0	2.8	4.1
Managed Health, Inc.	--	--	--	--
MDNY	3.7 —	6.5 •	3.3 •	4.4 •
MVP	3.9	4.5 —	2.6 —	3.8 —
Oxford	4.3	5.0	3.0	4.1
Preferred Care	5.2 •	4.4 —	2.7	4.3
UnitedHealthCare of New York	4.1	5.3	2.9	4.1
Univera HealthCare	3.8	4.9	2.6 —	4.0
Upstate HMO	4.0	5.3	2.7	4.1
Vytra Health Plans	3.8	5.2	3.1	4.2
Statewide	4.2	5.1	2.9	4.1
New York City	4.2	5.2	3.0	4.2
Rest of State	4.1	5.0	2.9	4.1
Fee-for-Service	4.5	5.5	2.9	4.3

* Total Inpatient is the sum of Medicine, Surgery and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Average Length of Stay

Medicaid Managed Care Plans, 2002

Plan Name	Medicine ALOS	Surgery ALOS	Maternity ALOS	Total ALOS
ABC Health Plan	3.4	7.0	2.6	3.5
Affinity Health Plan	4.2	5.1	2.8	4.0 •
AmeriChoice	3.6	5.5	2.8	3.4
Blue Choice Option	4.1	6.4	2.8	4.0
BSNENY-HMO	3.3	3.4 –	2.4	2.9 –
Buffalo Community Health/Plus	4.3 •	5.5	2.6	3.8
CarePlus Health Plan	3.8	6.6	2.9	3.8
CDPHP	3.2 –	4.0 –	2.5	3.0
CenterCare	3.9	7.2 •	2.7	3.9
Community Blue	3.7	5.5	2.5	3.6
Community Choice	4.2	5.9	2.2 –	3.7
Community Premier Plus	3.6	6.5	2.8	3.5
Fidelis Care New York	3.8	5.8	2.7	3.5
Health Plus	2.6 –	4.4	2.3 –	2.7 –
HealthFirst	4.2	5.0	2.9	3.7
HIP	4.0	6.3	2.7	3.7
Hudson Health Plan (HS/HHP)	4.0	5.9	3.0 •	3.9
Independent Health/MediSource	4.0	5.6	2.6	3.6
MetroPlus	4.3 •	7.0	3.0 •	4.1 •
Neighborhood Health Providers	3.1 –	5.3	2.4 –	2.9 –
NewYork Presbyterian CHP	3.4	5.0	2.8	3.3
Partners in Health	3.7	8.5 •	2.8	3.9
Preferred Care	4.8 •	4.1 –	2.6	3.7
Suffolk Health Plan	3.7	9.2 •	3.0 •	3.7
Total Care	3.8	4.8	2.9	3.6
UnitedHealthCare of New York	4.0	5.7	2.7	3.7
Vytra Health Plans	3.8	7.0	2.7	4.2 •
WellCare	3.4	5.8	2.6	3.3
Statewide	3.8	5.7	2.7	3.6
New York City	3.8	5.9	2.7	3.6
Rest of State	3.9	5.6	2.7	3.6
Fee-for-Service	6.1	10.0	2.9	5.6

* Total Inpatient is the sum of Medicine, Surgery and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
–	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Average Length of Stay

Child Health Plus Managed Care Plans, 2002

Plan Name	Medicine ALOS	Surgery ALOS	Total ALOS	Maternity ALOS
ABC Health Plan	--	--	--	--
Affinity Health Plan	3.4	4.6	3.6	2.7
AmeriChoice	--	--	--	--
Blue Choice	2.8	3.6	3.1	--
BSNENY-HMO	2.8	--	3.2	--
Buffalo Community Health	--	--	--	--
CarePlus Health Plan	3.3	4.6	3.5	2.4
CDPHP	2.4 —	3.1 —	2.7 —	2.8
CenterCare	3.0	4.4	3.3	--
Community Blue	2.7	2.8 —	2.7 —	--
Community Choice	3.1	--	2.9	--
Community Premier Plus	4.6 •	--	5.2 •	--
Empire	3.1	4.5	3.4	2.8
Fidelis Care New York	2.8	4.9 •	3.2	2.6
GHI	2.7	--	3.2	--
Health Plus	2.2 —	3.5	2.5 —	2.2 —
HealthFirst	3.9 •	4.4	3.9 •	2.8
HIP	3.3	3.6	3.3	--
Hudson Health Plan (HS/HHP)	2.8	3.2	2.9	2.8
MetroPlus	3.5	3.7	3.5	--
Neighborhood Health Providers	3.7 •	4.9 •	3.8 •	--
NewYork Presbyterian CHP	2.8	--	3.4	--
Partners in Health	--	--	--	--
Suffolk Health Plan	2.5 —	--	3.6	--
Total Care	--	--	--	--
UnitedHealthCare of New York	3.2	3.9	3.3	--
Upstate HMO	3.0	3.5	3.1	3.3 •
WellCare	2.6	--	3.0	--
Statewide	3.0	4.1	3.2	2.7
New York City	3.1	4.3	3.3	2.5
Rest of State	3.0	3.9	3.2	2.8

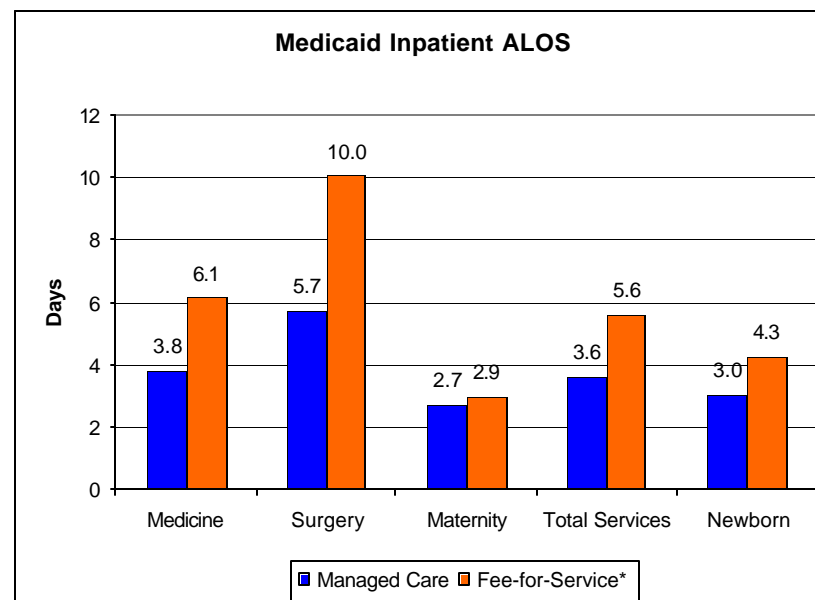
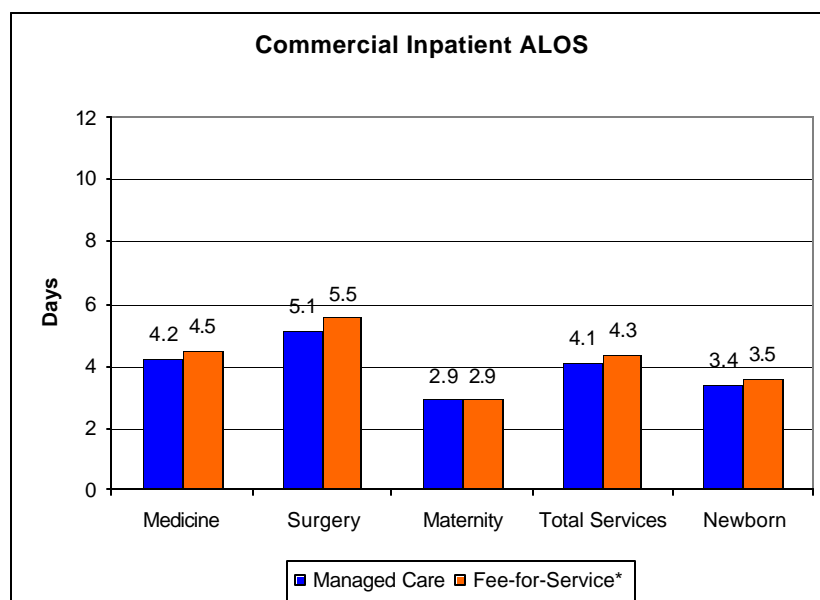
* Total Inpatient is the sum of Medicine, Surgery and Maternity utilization, and does not include Newborn, Mental Health, or Chemical Dependency utilization data.

Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

The graphs below display the Average Length of Stay (ALOS), calculated in days, for four separate categories of inpatient services. The Total ALOS rate excludes nonacute care services, newborns, mental health and chemical dependency. The Total represents the sum of Medicine, Surgery and Maternity. ALOS is calculated as the total number of discharges divided by the total number of days (Days/Discharges=ALOS).

The department's Statewide Planning and Research Cooperative System (SPARCS), containing inpatient and outpatient utilization data, were used to calculate the fee-for-service length of stay comparisons.



* Source: New York State Department of Health, SPARCS

Inpatient Chemical Dependency Services for Men and Women

Commercial Managed Care Plans, 2002

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	0.7	3.3	5.0	2.1	10.3	4.9	1.4	6.7	4.9
Blue Choice	0.5	3.5	7.1 •	0.9	6.2	7.0	0.7	4.8	7.1
BSNENY-HMO	--	2.7	--	1.5	8.3	5.4	1.1	5.4	5.0
CDPHP	--	0.2 —	--	--	0.7 —	--	0.1 —	0.4 —	3.1 —
CIGNA	--	2.3	--	0.9	5.1	5.6	0.7	3.7	5.6
Community Blue	0.4 —	2.1	5.0	0.7 —	4.2	6.3	0.5 —	3.1	5.8
Empire	1.1	4.5	4.2 —	1.7	7.5	4.5	1.3	5.9	4.4 —
GHI HMO	--	4.4	--	--	9.4	--	1.3	6.9	5.3
Health Net	1.0	5.7	6.0	1.9	9.9	5.1	1.4	7.7	5.4
HIP	0.8	4.5	5.9	3.0 •	19.7 •	6.6	1.8 •	11.6 •	6.5
Independent Health	0.4 —	1.8 —	4.9	0.8 —	3.6 —	4.3 —	0.6	2.7 —	4.5
Managed Health, Inc.	--	--	--	--	--	--	--	--	--
MDNY	1.8 •	12.7 •	7.1 •	3.9 •	20.6 •	5.3	2.8 •	16.5 •	5.9
MVP	0.9	4.4	4.7 —	1.6	7.1	4.4 —	1.3	5.7	4.5
Oxford	0.8	4.5	5.9	1.6	8.6	5.4	1.1	6.4	5.6
Preferred Care	--	2.5	--	1.1	8.2	7.3	0.8	5.3	6.7
UnitedHealthCare of New York	--	5.9	--	2.0	11.8	5.9	1.6	8.7	5.5
Univera HealthCare	--	2.9	--	1.4	12.4	9.0 •	0.9	7.5	8.3 •
Upstate HMO	--	4.8	--	1.1	9.2	8.2 •	0.9	6.9	7.9 •
Vytra Health Plans	1.3 •	7.6 •	5.6	2.2	12.4	5.7	1.8	9.9	5.6
Statewide	0.7	3.8	5.6	1.6	9.0	5.6	1.1	6.3	5.6
New York City	0.8	4.3	5.6	2.1	11.8	5.7	1.4	7.8	5.7
Rest of State	0.7	3.6	5.6	1.4	7.7	5.6	1.0	5.6	5.6
Fee-for-Service			3.1			2.5			2.7

Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Chemical Dependency Services for Men and Women

Medicaid Managed Care Plans, 2002

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
ABC Health Plan	--	--	--	--	26.4	--	--	--	--
Affinity Health Plan	3.1	20.7	6.7	5.2	31.5	6.0	4.0	25.2	6.3
AmeriChoice	1.6 —	10.0	6.3	3.3 —	18.3	5.5	2.4 —	13.7 —	5.8
Blue Choice Option	2.9	24.4	8.6	3.5 —	26.7	7.7	3.1	25.4	8.2
BSNENY-HMO	--	28.0	--	--	38.3	--	--	--	--
Buffalo Community Health/Plus	--	32.8	--	--	40.6	--	4.0	36.1	9.1
CarePlus Health Plan	1.7 —	7.2 —	4.2 —	4.4	18.5	4.2 —	2.9 —	12.1 —	4.2 —
CDPHP	4.3	36.7	8.6	8.7	89.6 •	10.3 •	6.1	58.6	9.6 •
CenterCare	3.2	17.1	5.4	8.8	45.3	5.2	5.6	29.4	5.2
Community Blue	2.6	22.0	8.4	4.1	43.3	10.5 •	3.2	30.8	9.5 •
Community Choice	5.3	48.3	9.1 •	10.9 •	67.9	6.3	7.6 •	56.4 •	7.4
Community Premier Plus	--	--	--	--	15.0 —	--	--	--	--
Fidelis Care New York	3.1	21.9	7.0	5.7	33.8	6.0	4.2	27.0	6.4
Health Plus	2.4	10.6	4.4	6.0	28.4	4.8	4.0	18.6	4.6
HealthFirst	2.9	16.6	5.7	4.7	21.3	4.5	3.6	18.5	5.1
HIP	3.4	22.0	6.4	10.6	59.6	5.6	6.5	38.0	5.9
Hudson Health Plan (HS/HHP)	7.7 •	73.1 •	9.5 •	10.9 •	87.5 •	8.0 •	9.1 •	79.3 •	8.7
Independent Health/MediSource	3.0	24.0	7.9	7.0	51.5	7.3	4.7	35.2	7.6
MetroPlus	3.6	25.7	7.2	7.7	49.4	6.4	5.3	35.7	6.7
Neighborhood Health Providers	2.1	13.6	6.5	4.1 —	19.3	4.8	2.9	16.1	5.5
NewYork Presbyterian CHP	--	8.8 —	--	--	15.7 —	--	2.5 —	11.7 —	4.7
Partners in Health	7.3 •	27.6	3.8 —	22.3 •	89.3 •	4.0 —	13.0 •	51.0 •	3.9 —
Preferred Care	6.4	51.1 •	8.0	7.9	42.7	5.4	7.0	47.7	6.8
Suffolk Health Plan	--	24.3	--	--	21.2	--	4.5	23.0	5.1
Total Care	--	15.1	--	6.7	34.7	5.2	3.7	23.3	6.2
UnitedHealthCare of New York	3.0	16.9	5.7	8.2	43.3	5.3	5.2	28.2	5.4
Vytra Health Plans	--	68.8 •	--	--	52.9	--	5.7	62.4	10.9 •
WellCare	--	9.2 —	--	4.4	17.0 —	3.9 —	2.9	12.5	4.4 —
Statewide	3.1	20.9	6.8	6.5	38.2	5.9	4.5	28.3	6.2
New York City	2.8	16.9	6.0	6.6	34.7	5.3	4.4	24.5	5.5
Rest of State	3.6	28.7	8.1	6.4	45.3	7.1	4.7	35.7	7.5
Fee-for-Service			3.6			3.2			3.3

Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

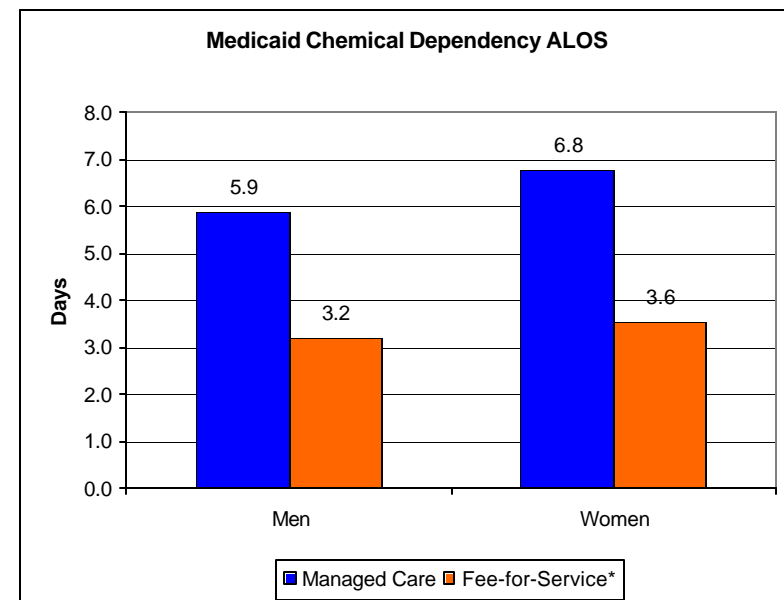
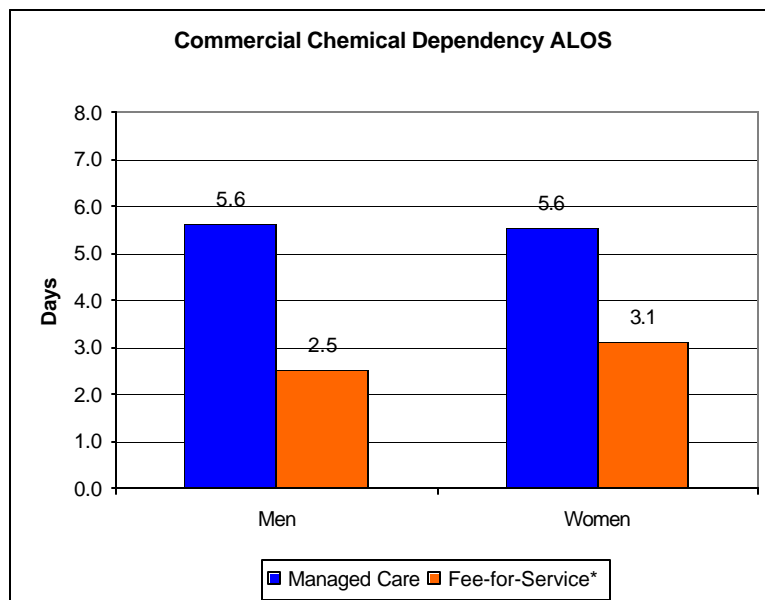
Utilization rates are calculated per 1000 member years.

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Average Length of Stay for Inpatient Chemical Dependency Services

The graphs below compare the average length of stay (ALOS), calculated in days, between managed care and fee-for-service chemical dependency services. The ALOS is calculated as the total number of discharges divided by the total number of days (Days/Discharges=ALOS).

The Department's Statewide Planning and Research Cooperative System (SPARCS), containing inpatient and outpatient utilization data, was used to calculate the fee-for-service length of stay comparisons.



* Source: New York State Department of Health, SPARCS

Inpatient Mental Health Services for Men and Women

Commercial Managed Care Plans, 2002

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
Aetna	2.5	21.0	8.4	2.0	18.8	9.2	2.3	19.9	8.7
Blue Choice	2.2	21.8	9.9 •	1.7	15.3	9.1	1.9	18.6	9.6
BSNENY-HMO	2.5	14.9	6.0 —	1.6 —	12.3	7.8	2.0	13.7	6.7
CDPHP	2.5	13.5 —	5.4 —	2.1	10.0 —	4.9 —	2.3	11.8 —	5.2 —
CIGNA	2.2	17.4	7.8	2.0	14.7	7.5	2.1	16.1	7.7
Community Blue	2.4	16.6	6.8	1.8	11.3	6.3 —	2.1	14.0	6.6
Empire	3.1	25.4	8.1	1.9	15.0	7.8	2.6	20.4	8.0
GHI HMO	--	10.5 —	--	--	8.3 —	--	1.7 —	9.4 —	5.7 —
Health Net	2.1 —	18.3	8.5	1.5 —	11.9	8.0	1.8 —	15.3	8.3
HIP	2.4	22.5	9.3	2.0	18.4	9.2	2.2	20.6	9.2
Independent Health	2.9	23.5	8.2	2.4	18.0	7.3	2.7	20.9	7.8
Managed Health, Inc.	--	--	--	--	--	--	--	--	--
MDNY	2.4	23.5	9.8	1.9	22.7 •	12.2 •	2.1	23.1	10.8 •
MVP	3.7	23.9	6.5	2.7 •	19.9	7.4	3.2	22.0	6.8
Oxford	2.3	22.2	9.9 •	1.9	19.1	10.1	2.1	20.8	9.9 •
Preferred Care	1.9 —	17.5	9.1	1.9	17.0	9.1	1.9	17.3	9.1
UnitedHealthCare of New York	2.1	15.9	7.4	1.7	17.6	10.1 •	2.0	16.7	8.6
Univera HealthCare	3.2	30.4 •	9.6	2.3	18.7	8.1	2.7	24.8	9.0
Upstate HMO	3.8 •	27.3	7.3	3.1 •	23.9 •	7.7	3.4 •	25.7 •	7.5
Vytra Health Plans	4.3 •	37.8 •	8.7	2.5	22.3	8.9	3.4 •	30.3 •	8.8
Statewide	2.6	21.6	8.4	2.0	17.0	8.5	2.3	19.4	8.4
New York City	2.4	21.6	9.1	1.9	17.9	9.3	2.2	19.9	9.1
Rest of State	2.6	21.5	8.2	2.0	16.6	8.1	2.3	19.1	8.2
Fee-for-Service			8.8			9.4			9.1

Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
—	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Inpatient Mental Health Services for Men and Women

Medicaid Managed Care Plans, 2002

Plan Name	Women			Men			Total		
	Discharges	Days	ALOS	Discharges	Days	ALOS	Discharges	Days	ALOS
ABC Health Plan	--	20.1	--	--	--	--	--	15.9	--
Affinity Health Plan	5.9	45.8	7.8	5.8	55.1	9.4	5.9	49.7	8.5
AmeriChoice	2.2	--	20.4	9.2	2.2	--	30.8	14.1	•
Blue Choice Option	5.2	46.2	8.9	5.3	48.0	9.1	5.2	46.9	8.9
BSNENY-HMO	10.1	•	45.4	4.5	--	--	36.9	--	8.3
Buffalo Community Health/Plus	--	40.4	--	--	59.5	--	6.0	48.4	8.0
CarePlus Health Plan	2.9	16.1	--	5.5	4.1	27.2	6.7	3.4	20.9
CDPHP	7.7	34.7	4.5	9.1	•	50.9	5.6	--	8.3
CenterCare	5.2	59.4	11.3	3.3	48.9	14.7	•	4.4	54.8
Community Blue	6.5	31.6	4.8	7.9	42.5	5.4	--	7.1	36.1
Community Choice	16.6	•	65.4	•	3.9	--	24.0	•	96.8
Community Premier Plus	6.5	28.9	4.5	--	26.4	--	5.4	27.9	5.2
Fidelis Care New York	4.3	44.0	10.2	3.6	38.1	10.5	4.0	41.5	10.3
Health Plus	3.0	19.6	--	6.6	2.9	36.9	12.5	3.0	27.4
HealthFirst	2.5	--	28.8	11.6	•	2.2	--	21.8	9.8
HIP	3.9	36.6	9.3	3.2	34.5	10.6	3.6	35.7	9.8
Hudson Health Plan (HS/HHP)	9.4	•	100.4	•	10.7	10.0	•	175.6	•
Independent Health/MediSource	7.5	47.3	6.3	5.8	64.5	11.2	6.8	54.3	8.0
MetroPlus	3.8	51.6	13.5	•	3.4	45.0	13.2	3.6	48.8
Neighborhood Health Providers	1.6	--	12.0	--	7.7	1.8	--	17.3	--
NewYork Presbyterian CHP	3.4	21.5	6.4	--	18.7	--	3.0	20.3	--
Partners in Health	7.5	105.7	•	14.2	•	8.0	99.2	•	12.4
Preferred Care	6.8	53.7	7.9	5.1	47.4	9.2	6.1	51.1	8.3
Suffolk Health Plan	5.9	31.6	5.3	9.0	82.7	9.2	7.2	53.5	7.4
Total Care	5.4	56.5	10.4	5.4	46.2	8.5	5.4	52.2	9.6
UnitedHealthCare of New York	4.5	24.2	5.4	3.1	23.2	7.5	3.9	23.8	6.1
Vytra Health Plans	9.4	64.5	6.9	--	87.8	--	8.2	73.8	9.0
WellCare	--	21.0	--	--	19.6	--	1.9	--	20.4
Statewide	4.5	38.1	8.4	4.3	42.2	9.7	4.4	39.8	9.0
New York City	3.7	34.7	9.3	3.4	36.1	10.6	3.6	35.3	9.8
Rest of State	6.1	44.6	7.4	6.2	54.5	8.8	6.1	48.8	8.0
Fee-for-Service			16.8			18.6			17.8

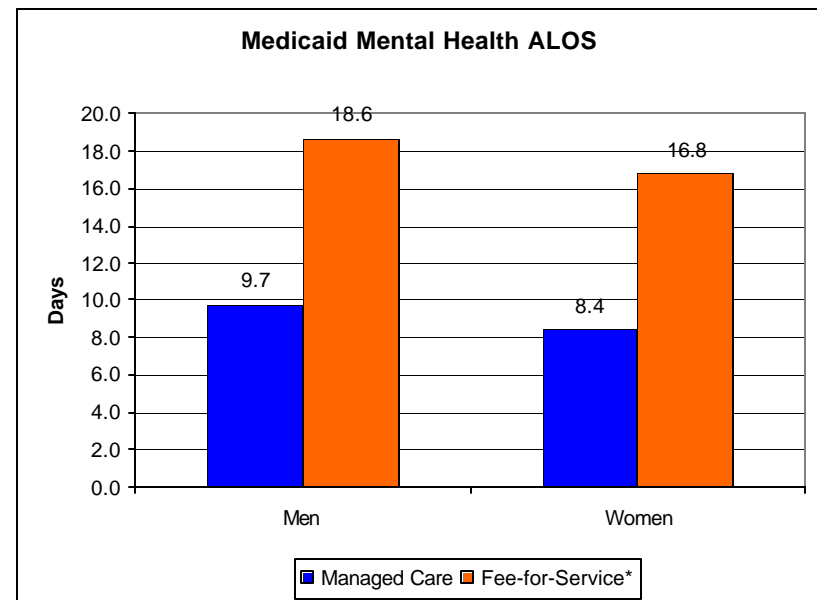
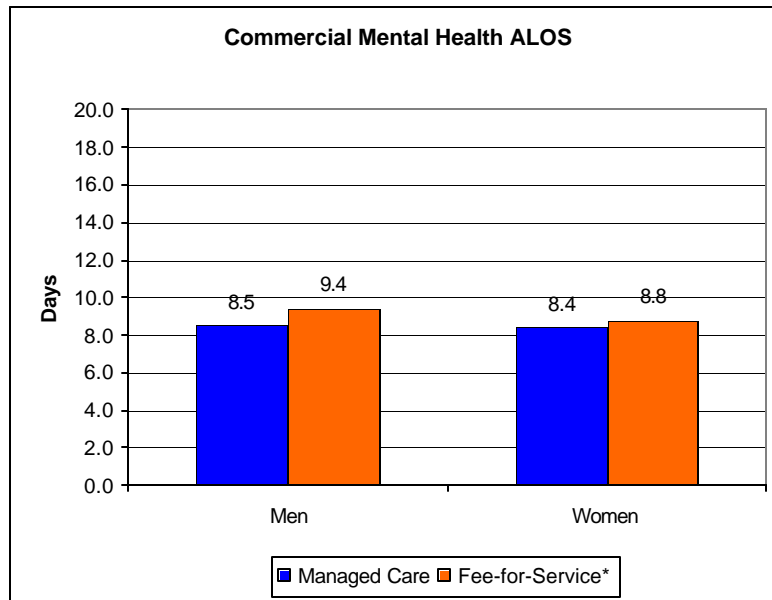
Average Length of Stay (ALOS) is calculated as the total number of days divided by the total number of discharges (Days/Discharges=ALOS).

•	Plan rate is higher than 90% of the plans
--	Plan rate is lower than 90% of the plans
--	Sample size too small to report, but included in the statewide average

Average Length of Stay of Inpatient Mental Health Services

The graphs below compare the average length of stay (ALOS), calculated in days, between managed care and fee-for-service mental health services. The ALOS is calculated as the total number of discharges divided by the total number of days (Days/Discharges=ALOS).

The Department's Statewide Planning and Research Cooperative System (SPARCS), containing inpatient and outpatient utilization data, was used to calculate the fee-for-service length of stay comparisons.



*Source: New York State Department of Health, SPARCS

V. Technical Notes

Interpreting the Measures

Plan-specific Rates

With the exception of Use of Services data, the majority of rates reported as part of the 2003 New York State Managed Care Plan Performance Report Supplement are displayed as rates per 100 (percentages). To calculate a plan's rate for a measure, the numerator is divided by the denominator and then multiplied by 100.

Plan-specific data are excluded from the tables as a result of any of the following methodological limitations.

- The denominator is less than 30, resulting in an unreliable rate. Please note that even though the plan's sample is too small to report individually, the plan's rate is included in the statewide average.
- The data for the particular measure could not be substantiated by the audit.
- No enrollee could meet the eligibility requirements (such as continuous enrollment).

Aggregate Rates

Statewide, New York City and Rest-of-State data presentations are shown. The New York City and Rest-of-State breakdown is based on geographical plan enrollment. For example, a plan may serve 70 percent of their enrollees in New York City. The remaining 30 percent of their total enrollment would be represented in the Rest-of-State data. Point-of-Service enrollment is included if a plan included it in their calculations.

Prenatal Care

As in previous publications of QARR, several measures are calculated using both member-level information on live births that are submitted by the plans and the department's Vital Statistics (VS) birth file. The plans' records are matched to the VS data to find the most accurate numbers to perform the calculation. However, if a record is missing "Trimester Prenatal Care Began" on the VS birth file, that record is excluded from the calculation. The reporting of this information is the responsibility of the hospital of delivery. As a result of the exclusion, plans' rates are less likely to be affected by the hospital's failure to report complete birth data.

Risk-Adjustment Factors

Health events, such as low birthweight (LBW) births and cesarean deliveries, do not occur randomly across all plans. In addition, certain risk factors, such as maternal age or education, may be disproportionate across plans and beyond the plans' control. Risk adjustment is used because it removes or reduces the effects of confounding factors that may influence a plan's rate. These data reflect the removal of multiple births and include only women who were continuously enrolled in a plan for ten months, allowing for a one-month break in service. Therefore, risk-adjusted rates account for patient factors that strongly influence the outcome, thereby allowing for a fairer comparison among the plans.

Low Birthweight Methodology

To compute the risk-adjusted LBW rates, a logistic regression model was developed. The model predicted a binary response for LBW, i.e., all births were designated as either LBW or “not LBW” (<2500 grams).

The independent variables used in the methodology included:

- maternal age (less than 18, 18-19, 20-29, 30 and over)
- education (less than high school, high school, any college)
- alcohol use (yes, no)
- drug use (yes, no)
- tobacco (yes, no)
- level of prenatal care as defined by a modified Kessner index (intense, adequate, intermediate, inadequate, no care, unknown)
- race/ethnicity (white, black, Hispanic, other)
- parity (none, 1-2, 3-4, 5 or more previous live births)
- resident of New York City (yes, no)
- maternal medical risk factors (yes, no)
- previous low birthweight (yes, no)
- previous pre-term delivery (yes, no)
- nationality (born in US/Puerto Rico or rest of world)

The expected LBW rate is the rate a plan would have if the plan’s patient mix were identical to the patient mix of the state. The plan-specific, risk-adjusted rate is the ratio of observed to expected LBW rates multiplied by the overall state-wide LBW rate.

Primary Cesarean Delivery Methodology

Using information from the matched VS Birth file, a logistic regression model was developed to calculate risk-adjusted primary cesarean delivery rates. The model predicted a binary response for primary cesarean delivery, i.e., all deliveries were designated as either primary cesarean delivery or not primary cesarean delivery. For this analysis, women delivering a live birth via repeat cesarean delivery and women delivering a live birth vaginally after cesarean delivery (VBAC) were excluded. Therefore, only women delivering a live birth vaginally and by primary cesarean delivery were included. Multiple births were also removed from this analysis.

The independent variables used in the methodology included:

- maternal age (less than 18, 18-19, 20-29, 30 and over)
- maternal education (less than high school, high school, any college, any postgraduate)
- race/ethnicity (white, black, Hispanic, other)
- parity (none, any)
- diabetes (yes, no)
- hypertension (yes, no)
- breech presentation (yes, no)
- birthweight greater than 4,000 g (yes, no)
- birthweight less than 1,500 g (yes, no)
- abruptio placenta (yes, no)
- preeclampsia or eclampsia (yes, no)
- gestational diabetes (yes, no)
- pregnancy-related hypertension (yes, no)

The expected cesarean delivery rate is the rate a plan would have if the plan's patient mix were identical to the patient mix of the state. The plan-specific, risk-adjusted rate is the ratio of observed to expected cesarean delivery rates multiplied by the overall statewide cesarean delivery rate.

Limitations of the Risk-Adjusted Data

The Risk-Adjusted methodology allows for more accurate comparisons among plans. Nevertheless, it has some limitations. The information on the VS Birth File is reported by hospitals and is not validated or audited for accuracy. Therefore, inaccuracies in birth certificate data may influence the risk-adjusted rates. Also, if important risk factors are not included in the model as independent variables, the model can potentially overestimate or underestimate a plan's risk-adjusted rate. Although the limitations presented here are an important consideration in interpreting the risk-adjusted data, comparisons between plans are much more accurate when using this data, than if non-adjusted data were used.